

Breakthrough ACTION Guyana

Social and Behavior Change Capacity Assessment Endline Report

Submitted to: United States Agency for International Development

Submitted by: Johns Hopkins Center for Communication Programs

July 29, 2022

Cooperative Agreement #AID-OAA-A-17-00017



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Acronyms

CCP	Johns Hopkins Center for Communication Programs
LLIN	Long-Lasting Insecticidal Net
LMBP	Little Mosquito, Big Problem
M&E	Monitoring & Evaluation
MOH	Ministry of Health
NMP	National Malaria Programme
PAHO	Pan American Health Organization
PR/HPU	Public Relations/Health Promotion Unit
SBC	Social and Behavior Change
USAID	United States Agency for International Development
VCS	Vector Control Services

Summary

On February 24-25, 2022, Breakthrough ACTION Guyana facilitated a virtual endline capacity assessment workshop with the Ministry of Health (MOH) National Malaria Program (NMP) and the Public Relations/Health Promotion Unit (PR/HPU). The endline capacity assessment was a follow-up to the baseline capacity assessment conducted in July 2018 and took participants through a discussion of specific skill sets and indicators involved in the implementation of the Social and Behavior Change (SBC) Flow Chart, the SBC process supported by Breakthrough ACTION. The SBC Flow Chart has three stages: 1) Define; 2) Design and Test; and 3) Apply (please see Appendix 1 for Breakthrough ACTION's SBC design approach).

It may be instructive to note here, that, except for Ms. Alicia Martin from the PR/HPU, no other MoH participant was involved in the baseline capacity assessment. Over the years, both departments have been affected by staff turnover for various reasons. Despite this key challenge, the NMP and the PR/HPU identified areas of achievement that can sustain the implementation of the SBC process in their respective departments, and areas that require Breakthrough ACTION support for improvement.

In particular, the NMP identified technical support in SBC related activities, planning, data utilization, and implementation and use of the National Malaria SBC Strategy as their capacity assessment needs and priorities. The PR section identified training on social media management and content development as a priority, while the Health Promotion section identified training in community engagement, health literacy, health communication strategies, and monitoring and evaluation (M&E).

Background

NMP

NMP, a unit within the Vector Control Services (VCS), is responsible for the coordination, operations, monitoring, and technical oversight of the implementation of the NMP Strategic Plan. VCS provides oversight, regulation, coordination, and accountability regarding planning, implementation, and evaluation of the NMP.

The NMP is organized in three levels: the National Level under the coordination and supervision of the VCS in the capital city, Georgetown in Region 4; a Regional Level represented by the Regional Malaria Control Program with a management structure based at the Regional Health Office in each region; and a Local Level represented by all the health facilities across the regions. With the introduction of the microstratification model, there will also be representation at the district or community level.

There are Regional VCS offices set up in Regions 1, 7, 8, and 9 and staffed by a VCS Coordinator, a malaria supervisor, M&E Officer, and data entry clerks. While the M&E posts are vacant in all the regions, the MoH still aims to fill these posts. Under the overall supervision of the Central level VCS in Georgetown and the

direct supervision of the Regional Health Office, the Regional VCS coordinates and regulates the implementation of malaria activities at that level. (See VCS Organogram in Appendix 2.)

PR/HPU

The PR/HPU continues to be housed at the main branch of the MoH and is being restructured to meet the communication demands of the Ministry. There are currently five persons in the department, three of whom are Health Promotion Officers and two are Public Relations Officers.

The unit's health promotion activities are coordinated with the Ministry's other technical departments, which provide message(s) to be conveyed. PR/HPU prepares or revises products. Their activities include, but are not limited to, producing posters, jingles, radio, and television advertisements, and managing the Ministry's social media accounts.

Workshop Process

Like the baseline capacity assessment, the endline capacity assessment utilized a participatory self-assessment process designed to reflect on and prioritize ways to improve the ministry's ability to design, implement, and evaluate SBC programs. The tools and approach for the self-assessment were developed by the Johns Hopkins Center for Communication Programs (CCP) through several global program cycles beginning in 2003. Most recently, the tool was updated to reflect the latest thinking from the SBC Flow Chart, Breakthrough ACTION's global design process.

The two half-day virtual workshop sessions had three parts:

1. Preliminary discussion about the self-assessment
 - a. Review of the Breakthrough ACTION design approach
 - b. Review of capacity skill sets
2. Small group discussion
 - a. Self-assessment by the units working together
 - b. Consensus building
3. Follow-up actions for sustainability
 - a. Prioritization of areas for capacity strengthening
 - b. Internal priorities for the next two years
 - c. Breakthrough ACTION support for the next seven months and beyond

The workshop started with a short presentation about the SBC Flow Chart, a review of the skills sets, and the highlights and SBC priorities from the baseline capacity assessment. Specifically, participants were asked whether the previously identified priorities surprised or resonated with them and whether there was any progress toward any of those priorities since 2018. Dr. Cox indicated that there was progress in utilizing the skills sets since 2018. He stated that, "When VCS introduced the case management model, there were concerns as to whether people will access the services. We thought it wise to implement the SBC to see how to address the gaps in the programme." Dr. Cox also pointed out that "tons" of data have been collected from the formative assessment from the people who are most affected by malaria. "The Breakthrough ACTION Guyana: Social and Behavior Change Capacity Endline Report

data have been used to guide the design of the program; the prototypes were piloted based on the data and what could have gone to scale. The (results) from the endline survey will help us assess the changes in outcome and determine how successful the interventions have been.”

Capacity Skill Sets

Participants were then divided into two groups, one representing the NMP and one representing the PR/HPU. Each group worked separately with a Breakthrough ACTION facilitator, notetaker and other Breakthrough ACTION staff to review the skill set indicators, one by one, then reach consensus about how they should score themselves as a work unit.

Relevant capacity skill sets initially identified for the baseline were selected from two assessment tools developed under earlier global projects: the Management Sciences for Health PROGRESS Tool and the CCP Social and Behavior Change Communication Mapping Tool. The eighteen skill sets originally identified as relevant for Breakthrough ACTION Guyana in the baseline were modified slightly for the endline to bring them in line with the latest global thinking on the Breakthrough ACTION SBC Flow Chart. The updated skill sets included the following:

BREAKTHROUGH ACTION DESIGN APPROACH STEPS	SKILL SETS
Overarching SBC	Use of a systematic approach to design
DEFINE Phase	Situation analysis/problem diagnosis
	SBC theory
	Partner/stakeholder engagement
	Use of data for decision making
	Synthesis of insights from Discovery
DESIGN & TEST Phase	Ideation and prototyping
	Stakeholder engagement
	Prototype prioritization
	Complementary engagement mechanisms
	Implementation planning
	Budgeting
APPLY Phase	Mobilization and coordination
	Monitoring
	Training
	Data utilization (use of key indicators)
	Data utilization (coordinated analysis)

	Scaling up
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Full details of the criteria for judging each skill area are found in Appendix 3: Capacity Assessment Scoring Sheets.

An example of a scoring sheet is shown in Figure 1 below. Each sheet poses a question and provides response guidelines. Working in groups corresponding to organizations or work units, reviewers rated themselves on a scale of 1–4 for each capacity indicator; then, through small group discussion, they arrived at a consensus score for each indicator.

Figure 1: Example of a Self-Assessment Scoring Sheet

1.1 Use of a Systematic Approach to Design

Organization follows stages of the SBC Process

Q: Which stages of the SBC Process are followed to develop solutions to improve malaria testing and treatment adherence?

Response guidelines

1. DEFINE: stakeholder groups engaged in a discovery process involving data collection to understand lived experience and needs
2. DESIGN & TEST: stakeholders are engaged to ideate, experiment, develop prototype solutions and pretest them
3. APPLY: prototypes are tested in real world situations, modified and adapted before being used at scale.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
No parts of SBC process used	Some parts of DEFINE stage used	Some parts of DEFINE and DESIGN & TEST stages used	Some parts of All THREE stages used		

Each group was asked to bring available documentation to the workshop so it could be consulted if needed to help assess themselves using evidence. This documentation might include work plans, reports, budgets, training plans, communication materials, procedural guidelines, and others.

The following section compares the results between the baseline and endline capacity assessments as well as the priorities from the two assessments for both departments.

Self-assessments: Comparison of Baseline and Endline

Section 1: Overarching

Both departments showed gains in following the use of a systematic approach to design. NMP, with a high score of 3.5 at baseline, moved up by a half point and progressed to a score of 4/4. The department noted that some aspects of the Define, Design & Test, and Apply phases have been incorporated into their work, including data collection. PR/HPU moved up one point, to a score of 2/4. The department pointed out that through its collaboration with Breakthrough ACTION and community engagement, it was able to conduct surveys and develop materials in a more systematic way compared to the past; however, it also noted that most of the current staff were new to the department (less than two years), and that affected further progress.

Section 2: Define Phase

In the Define section, NMP's score of 16/20 in the baseline remained the same at endline. It improved by a half point (3 to 3.5) in the systematic conduct of situation analysis/problem diagnosis and dropped by a half point (4 to 3.5) in how it involves community partners and stakeholders in the discovery process and the development of an initial program approach. NMP highlighted the following areas that could benefit from further investigation: assessing existing policies and understanding the gaps, learning more about active and available channels for reaching and engaging stakeholders, and exploring gender-related differences in health-seeking behaviours. In relation to SBC theory, NMP posited that they have really used a human-centered design model to guide their choices, interventions, implementation, and published material. While they examined knowledge, attitudes, and practices (KAP) in their assessment within the last year, they pointed out that they could be more intentional with the use of their research. Regarding partners' engagement, NMP noted that there is need to improve partnerships/collaborations in the regions and engage partners in a more systematic way. While the SBC sub-committee was established, there have not been regular meetings.

PR/HPU advanced three points in this section, from 12/20 at baseline to 15/20 for the endline. Specific gains were made in partner engagement (2 to 3) and use of data (1 to 3).

NO	INDICATOR	GROUP CONSENSUS SCORES – 2018		GROUP CONSENSUS SCORES – 2022	
		NMP	PR/HPU	NMP	PR/HPU
SECTION 1: OVERARCHING					
1.1	Systematic Approach to Design: Organization follows stages of the SBC Process	3.5	1	4	2
	Total Section 1	3.5/4	1/4	4/4	2/4
SECTION 2: DEFINE					
2.1	Situation Analysis/Problem Diagnosis Organization systematically conducts situation analysis/problem diagnosis	3	3	3.5	3
2.2	SBC Theory Organization uses theories or models to understand stakeholder experience and design interventions	3	3	3	3
2.3.1	Discovery/Strategy Design (partners engaged) Organization involves community partners and stakeholders in the discovery process and the development of an initial program approach	4	2	3.5	3
2.3.2	Discovery/Strategy Design (use of data) Organization uses data/evidence to inform discovery process and development of a program approach	3	1	3	3
2.3.3	Synthesis of Discovery Findings Organization includes specific elements when preparing a summary of the Discovery process	3	3	3	3
	Total Section 2	16/20	12/20	16/20	15/20

Section 3: Design & Test Phase

Both NMP and PR/HPU scored 17/24 in section 3, the Design & Test Phase, at baseline. For the endline, NMP advanced to 20.25/24 points. In specific the sub-areas, NMP showed gains in ideation and prototyping, stakeholder engagement and complementary engagement mechanisms. NMP dropped a point from 4 to 3 in relation to SBC intervention budgets based on actual costs.

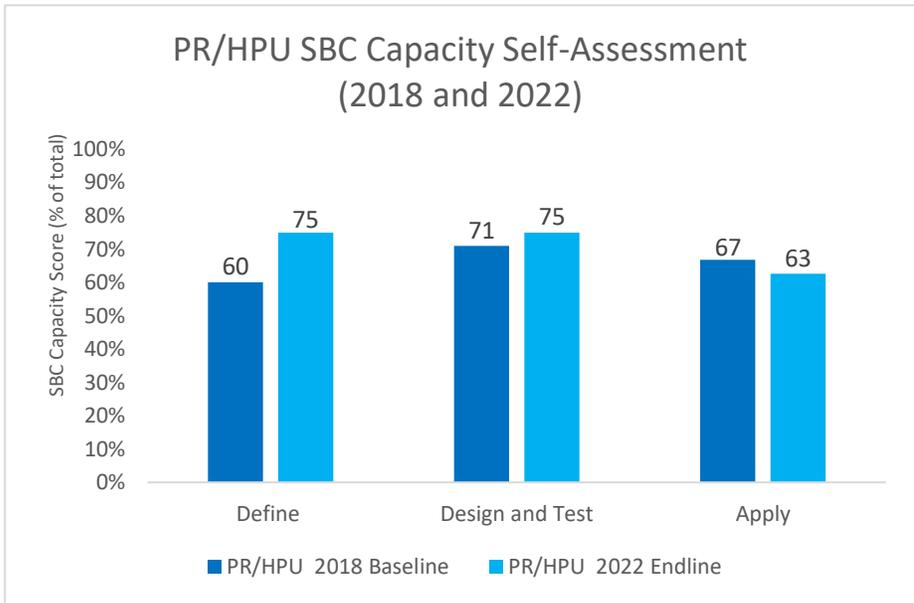
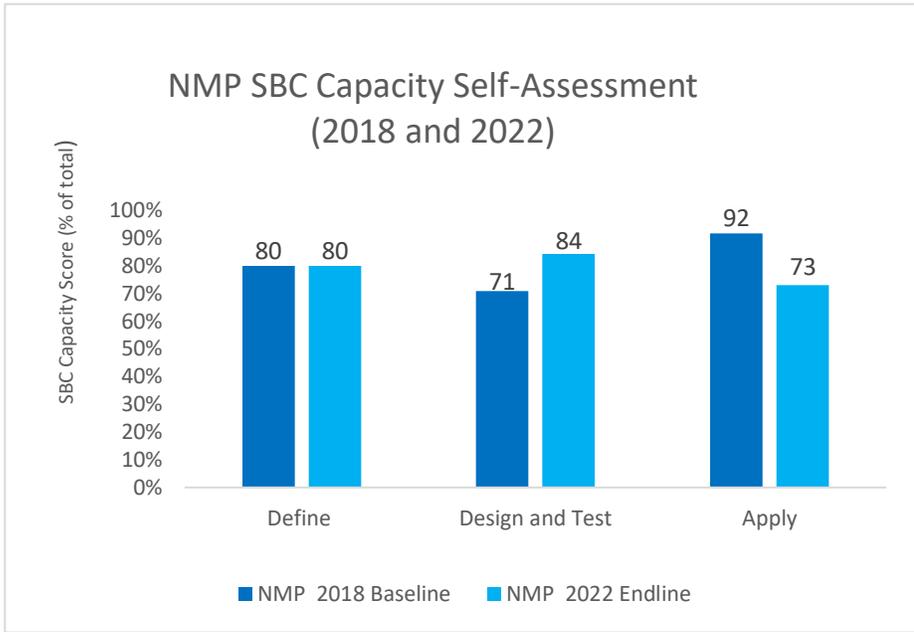
PR/HPU showed specific gains in ideation and prototyping and in implementation planning. NMP lost a point in complementary engagement mechanisms. The NMP Team felt that, because of COVID-19, they were not able to implement interpersonal communication channels for LMBP in a concerted way and this remains a gap. They also felt that the LLIN campaign was not as coordinated as it should have been, primarily because of various logistical issues.

NO	INDICATOR	GROUP CONSENSUS SCORES – 2018		GROUP CONSENSUS SCORES – 2022	
		NMP	PR/HPU	NMP	PR/HPU
SECTION 3: DESIGN & TEST					
3.1.1	Design Process (Ideation & prototyping) Organization follows specific steps for development of prototypes	2	2	4	3
3.1.2	Design Process (stakeholders engaged) Organization involves community partners and stakeholders in prototyping process	2	2	3.5	2
3.1.3	Design Process (prototype prioritization) Organization prioritizes prototypes based on audience/sub-audience preferences, feasibility, and viability	3	3	3	3
3.2	Complementary engagement mechanisms Strategy uses engagement mechanisms in a complementary way	3	4	3.75	3
3.3	Implementation planning Organization bases intervention plans on a previously defined (written) strategy	3	2	3	3
3.4	Budgeting Organization sets SBC intervention budgets based on actual costs	4	4	3	4
	Total Section 3	17/24	17/24	20.25/24	18/24

Section 4: Apply Phase

In section 4, the Apply phase, both departments showed declines from their baseline scores. NMP moved from 22/24 to 17.5/24 while PR/HPU dropped from 16/24 to 15/24. NMP dropped points in the sub-areas of mobilization and coordination, monitoring, data utilization (use of key indicators) and scaling up. PR/HPU lost a point in mobilization and coordination. NMP felt that there was a need for better understanding of the roles of each other as partners. NMP also noted that monitoring activities can be difficult with other time pressing issues, but this was an area that also required improvement, especially in Regions 1 and 8. The biggest challenge identified by NMP in relation to monitoring activities may be in Region 7 because that region does not have its own transportation. PR/HPU recognizes that monitoring of activities continues to be an area for improvement. Steps have been taken by the Unit to improve monitoring in relation to chronic diseases; additional steps will be implemented to improve the other health areas.

NO	INDICATOR	GROUP CONSENSUS SCORES - 2018		GROUP CONSENSUS SCORES – 2022	
		NMP	PR/HPU	NMP	PR/HPU
SECTION 4: APPLY					
4.1	Mobilization & coordination Organization follows specific steps to mobilize and coordinate with partners	4	4	3.5	3
4.2	Monitoring Organization has a system for monitoring implementation of prototypes in real world settings and providing progress reports on implementation	4	2	3	2
4.3	Training Organization follows specific steps when planning and implementing training of staff and partners	3	3	3	3
4.4.1	Data utilization (use of key indicators) Organization analyzes data about key indicators to inform programmatic decisions	4	3	2	3
4.4.2	Data utilization (coordinated analysis) Organization analyzes data about key indicators together with stakeholders and partners	3	2	3	2
4.5	Scaling up Organization has a strategy for scaling up use of piloted prototypes	4	2	3	2
	Total Section 4	22/24	16/24	17.5/24	15/24



Priorities moving forward

After rating themselves on each capacity indicator, the two work units identified priorities moving forward. The priorities were categorized from present to September 2022 and beyond September 2022. This breakdown of the priorities became necessary because Breakthrough ACTION Guyana was scheduled to end in September 2022 at the time of the assessment.

NMP

Now to September 2022

NMP's top priority was the completion of the National Malaria SBC Strategy. This will not only provide updated, standardized guidance for the country's malaria SBC interventions, but will help to develop stronger SBC monitoring and evaluation mechanisms, improve NMP's data management strategy, and enable NMP to use this data to inform action. The gap analysis in the strategy will also be useful to identify areas of programmatic focus.

NMP also wanted to prioritize capacity strengthening for the Apply Phase, most notably the use of data for decision making. With an increased focus on the creation of indicators, data sharing, and data utilization, NMP will be better placed to assess the sustainability of SBC interventions and determine implications for future budgeting.

Beyond September 2022

NMP's capacity strengthening priority was beyond September 2022 was scale-up. They want to utilize the National Malaria SBC Strategy, collaboration with partners, and sharing of data to put a scale-up plan in place, identify potential gaps in operationalizing scale-up, and link the scale-up plan with sustainability efforts. NMP also aims to implement future budgeting that can help facilitate the scale-up and long-term sustainability across key stakeholder partnerships.

PR/HPU

Now to September 2022

PR/HPU identified its biggest issues to be human resources (HR) and funding. Between now and September 2022, they aim to map these HR and funding gaps. PR/HPU has also had challenges testing prototypes with priority audiences in the hinterland and coastal regions, due at least in part to these HR and funding challenges. PR/HPU plans to analyze and begin to address their pre-testing gaps so they can better reach their audiences.

Another priority area for capacity strengthening was monitoring and evaluation for the unit's activities, including baseline research and data analysis that would help to develop program objectives. PR/HPU requested training and a plan to improve their skills in this area.

Though outside of malaria, PR/HPU also identified risk communication as a capacity strengthening priority, as they have had challenges getting policymakers, technical officers, and decision-makers to understand

the importance of following guidelines in a crisis. Risk communication training should extend to these managers, policy decision makers and technical officers.

Beyond September 2022

Longer term, PR/HPU would like training to advocate for funding and additional resources. They would also like to hire a research officer for M&E functions.

Resources Needed

Finally, the two work units were asked to describe both internal resources from their own organizations and external support from Breakthrough ACTION Guyana they would need to address the priorities they identified.

NMP

RESOURCES	FEBRUARY-SEPTEMBER 2022	BEYOND SEPTEMBER 30, 2022
Internal NMP	<ol style="list-style-type: none"> 1. Clear articulation of the existing gaps 2. Further clarity on the data infrastructure requirements, which will require consultation with other parties 3. Map the HR needs to identify advocacy mechanisms (this connects to the scale-up sustainability piece) 4. Engage in policy level stakeholder conversation and have them weigh in to address challenges and how to mitigate them 	<ol style="list-style-type: none"> 1. Resource mobilization strategy to cover the funding gaps we have identified
Breakthrough ACTION	<ol style="list-style-type: none"> 1. Technical support in SBC-related activities, planning, data utilization, and implementation 2. Use the SBC Strategy to inform ways to address our capacity assessment needs and priorities 	<ol style="list-style-type: none"> 1. Support in advocacy in broader stakeholder buy-in for sustainability

RESOURCES	FEBRUARY-SEPTEMBER 2022	BEYOND SEPTEMBER 30, 2022
Internal PR/HPU	<p>Human resources</p> <ul style="list-style-type: none"> In PR/HPU and in the Regions <p>Involving external stakeholders (private sector, media personnel, etc.)</p> <ul style="list-style-type: none"> Training in risk communication and health promotion practices, understanding roles and importance of implementing campaigns <p>Engagement with the public</p> <ul style="list-style-type: none"> Develop plan for building capacity, getting resources, equipment for communicating and engaging with public <p>Social media</p> <ul style="list-style-type: none"> Training on using social media and communicating with the public Content creation Understanding the back end/management of social media platforms (Facebook) for data analysis 	<p>Health Promotion Officer assigned to each Region</p> <p>Engagement with the public</p> <ul style="list-style-type: none"> Hosting sessions where the public can join and interact with MOH, developing mechanisms where we can communicate (e.g., PAHO has open sessions on social media) <p>Social media</p> <ul style="list-style-type: none"> Identifying persons for social media management and data analysis
Breakthrough ACTION	Social media (PR)	Technical support

	<ul style="list-style-type: none"> • Training with Tagman Media on social media management and content development <p>Technical support (Health Promotion)</p> <ul style="list-style-type: none"> • Training for health promotion staff on community engagement, health literacy, health communications strategies, M&E <p>Funding</p> <ul style="list-style-type: none"> • To support SBC activities 	<ul style="list-style-type: none"> • Getting messages to priority audiences
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Recommendations

Based on the results of this endline capacity assessment, Breakthrough ACTION Guyana recommends the following:

1. Consistent with Breakthrough ACTION Guyana’s workplan and current project end date (September 30, 2022), develop a plan of action to support the implementation of the Breakthrough ACTION-supported priorities identified by the two departments.
2. To build on the existing collaboration between the two departments, which can become a model for internal collaboration within the Ministry, advocate for a regular liaison between NMP and PR/HPU staff to identify and jointly work on SBC related issues.
3. Schedule a data analysis/data utilization workshop with representatives of both the NMP and PR/HPU using data from the endline survey. Topics would include theory-informed impact evaluation, review of analysis techniques to monitor and understand program reach and message recall, review of analysis techniques to identify important behavioral determinants, and review of analysis techniques to measure impact of program inputs on behavioral outcomes. The workshop would involve hands-on analysis of endline survey data by PR/HPU and NMP staff and discussion of the implications of the analysis for work planning.
4. With the NMP, VCS, and PR/HPU teams, revisit the SBC strategic plan considering results from analysis of the endline data and most recent monitoring and surveillance data.

Appendix 1: Participants

Breakthrough ACTION

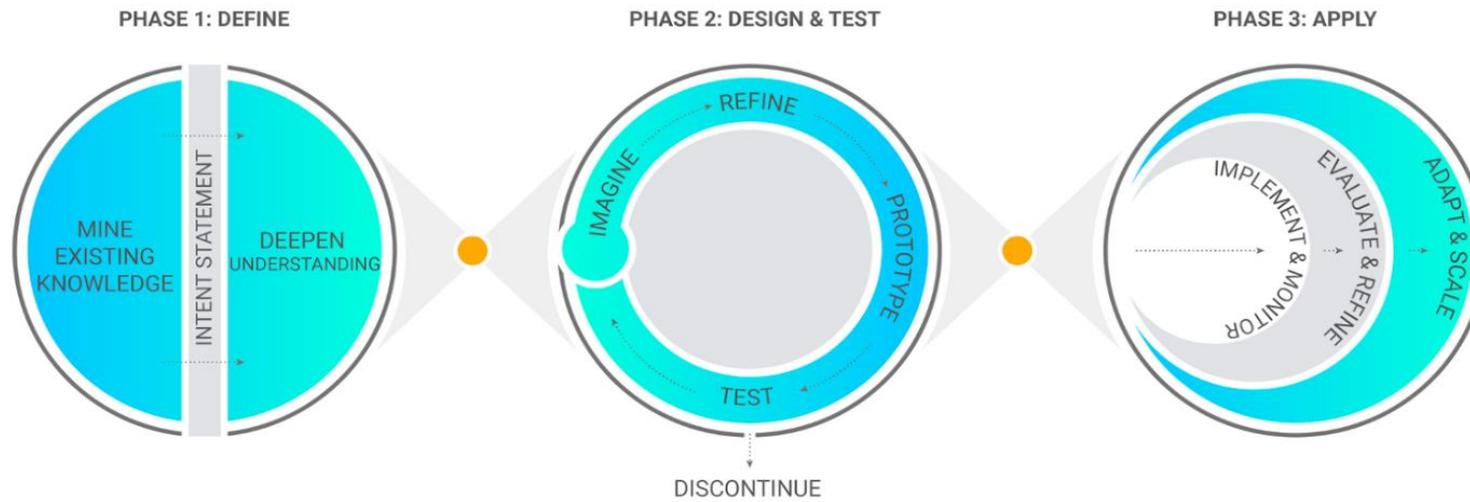
- Ms. Jennifer Orkis, Technical and Management Lead
- Dr. Douglas Storey, Senior Researcher
- Ms. Trish Ann Davis, Senior Program Officer
- Ms. Lyndsey Mitchum, Program Officer
- Ms. Mona-Esmat Jarrah, Fellow
- Mr. Sean Wilson, Chief of Party
- Dr. Joann Simpson, Program Officer II
- Ms. Camille Adams, Monitoring & Evaluation Officer

Ministry of Health

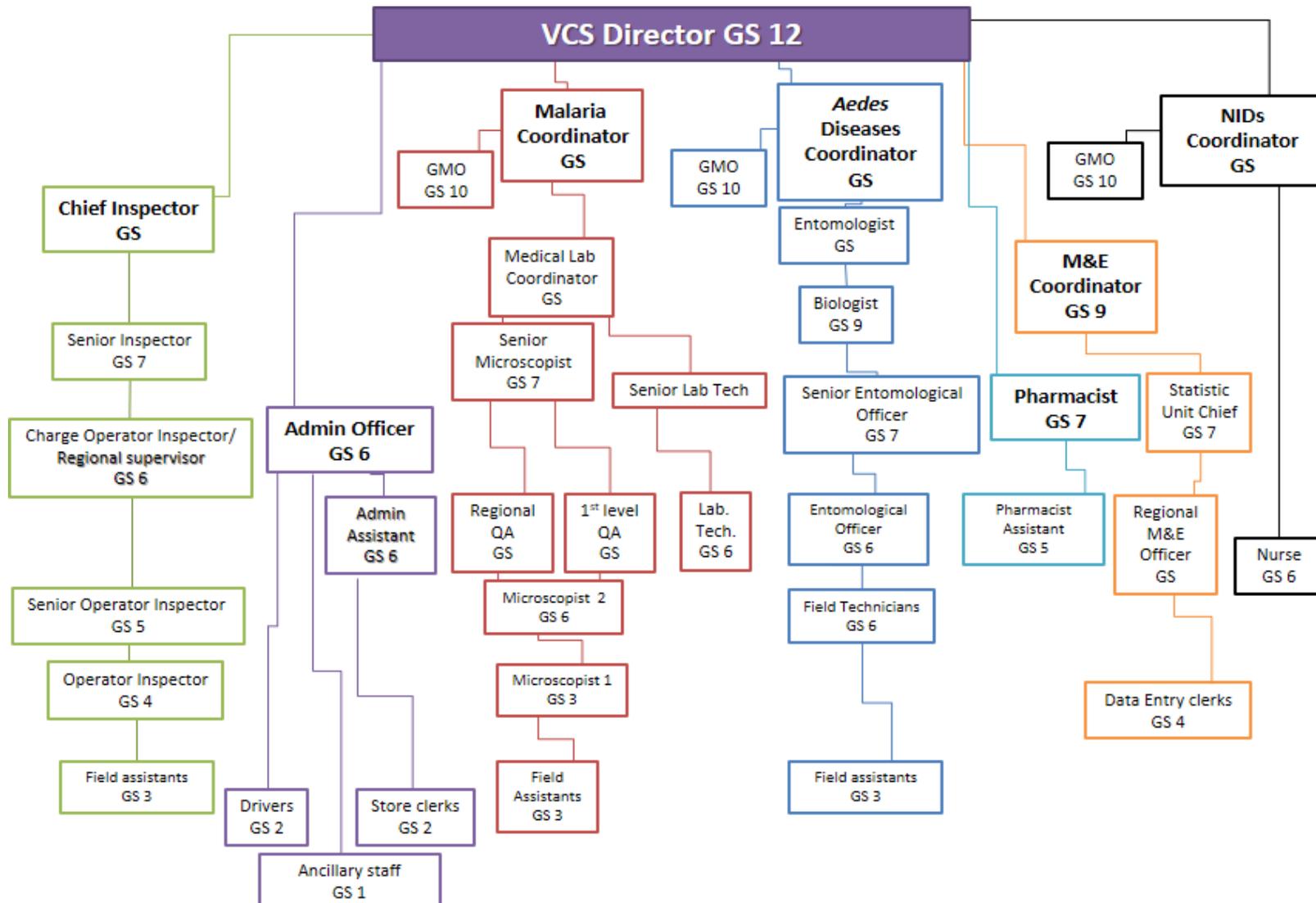
- Ms. Shabana Shaw, Head (ag), Public Relations/Health Promotion Unit
- Dr. Lauren Bancroft, Senior Health Promotion Officer
- Ms. Alicia Martin, Public Relations Officer
- Nurse Ayodele Watson, Health Promotion Assistant
- Dr. Horace Cox, Director, VCS
- Dr. Olivia Valz, Deputy Focal Point, NMP

Appendix 2: Breakthrough ACTION SBC Design Approach

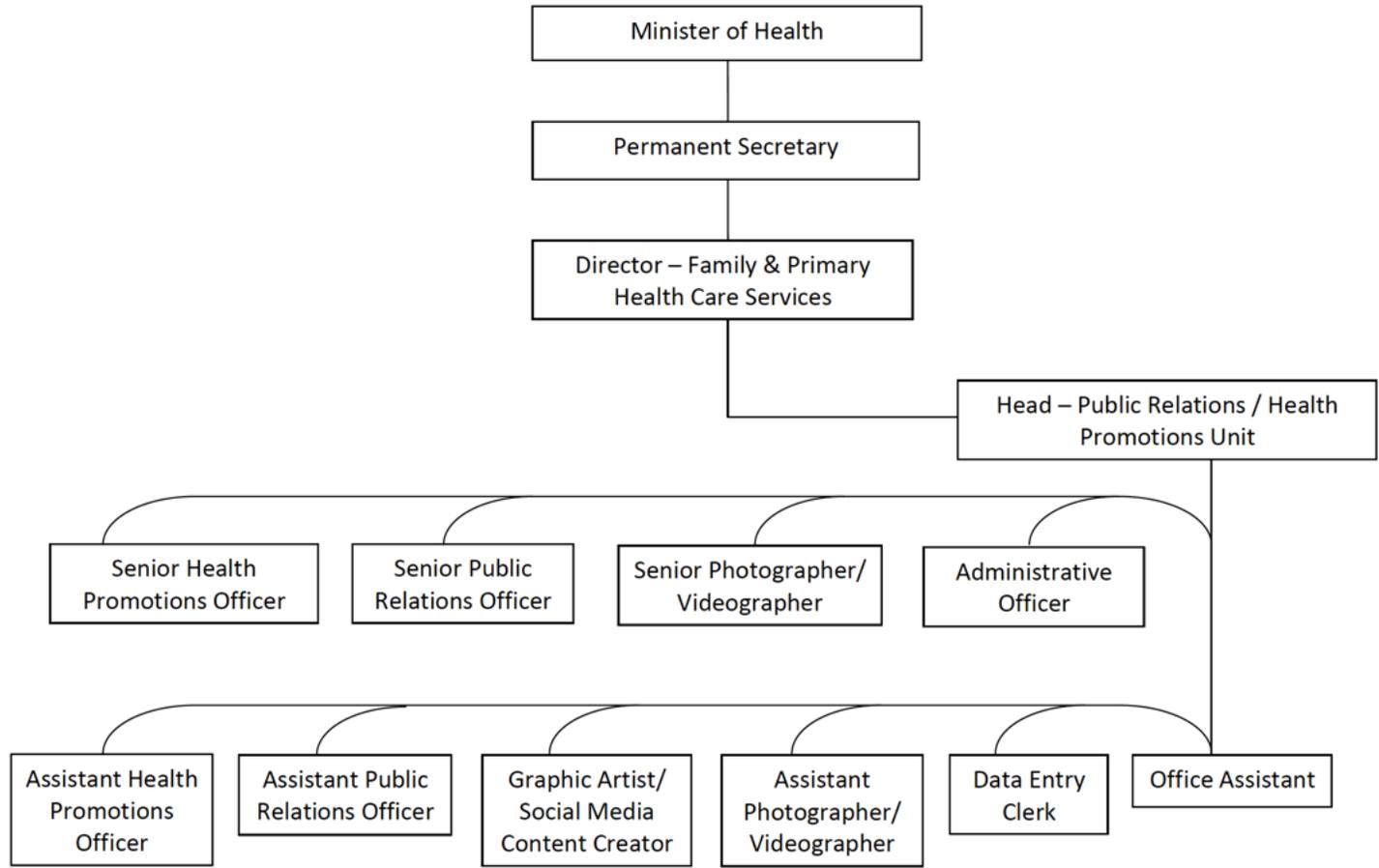
SBC FLOW CHART



Appendix 3: VCS Organogram



Appendix 3: PR/HPU Organogram



Appendix 4: Capacity Assessment Scoring Sheets by Indicator

1.1 Use of a Systematic Approach to Design

Organization follows stages of the SBC Process

Q: Which stages of the SBC Process are followed to develop solutions to improve malaria testing and treatment adherence?

Response guidelines

1. DEFINE: stakeholder groups engaged in a discovery process involving data collection to understand lived experience and needs
2. DESIGN & TEST: stakeholders are engaged to ideate, experiment, develop prototype solutions and pretest them
3. APPLY: prototypes are tested in real world situations, modified and adapted before being used at scale.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
No parts of SBC process used	Some parts of DEFINE stage used	Some parts of DEFINE and DESIGN & TEST stages used	Some parts of All THREE stages used		

Notes:

2.1 Situation Analysis/Problem Diagnosis

Organization systematically conducts situation analysis/problem diagnosis

Q: When conducting a situation analysis, which key steps does your organization use?

Response guidelines

1. Conduct baseline and/or formative research to understand knowledge, experience, attitudes & practices of stakeholders
2. Conduct a review of relevant previous studies and programs.
3. Assess existing policies and programs; question assumptions driving programs
4. Learn about active and available channels for reaching and engaging stakeholders.
5. Identify partners and allies.
6. Engage partners in Problem Definition and Ideation, using all available data.
7. Assess organization's own capacities related to the problem/situation.
8. Be sensitive to possible gender differences and make sure all viewpoints are represented.
9. Summarize the understanding of the problem into a problem statement.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not use any of the key steps.	We use 1-4 of the key steps and can clearly describe them.	We use 5-6 of the key steps and can clearly describe them.	We use 7-9 of the key steps and can clearly describe them.		

Notes:

2.2 SBC Theory

Organization uses theories or models to understand stakeholder experience and design interventions

Q: When designing an SBC intervention, how does your organization use theory to guide analysis and develop an explicit theory of change?

Response guidelines

A theory is an explanation of how and why certain social or behavioral outcomes happen. The simplest theory typically consists of an outcome behavior and 2 or more predictor variables. Different theories emphasize different predictors. In SBC work, we are more interested in social / behavioral theories rather than epidemiological theory about disease agents. Theories can be used to guide questioning during a discovery phase or to understand information that emerges during discovery. The best program theory is one you make yourself, based on evidence and understanding of stakeholder experience.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not use theory to guide discovery or program design.	We sometimes use theory to guide discovery or program design, but do not link it to specific outcomes.	We sometimes use theory to guide discovery or program design, but do not describe that theory explicitly.	We always use theory or theories to guide discovery and program design and can describe the theories we use and why.		

Notes:

2.3.2 Discovery/Strategy Design (use of data)

Organization uses data/evidence to inform discovery process and development of a program approach

Q: How does your organization collect and use data to inform discovery and development of a program approach?

Response guidelines

1. Collects formative research data
2. Identifies barriers and facilitators from data
3. Uses data to develop a program theory (explanation for how change happens)
4. Sets priorities based on data analysis
5. Sets targets based on data analysis

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not do any of these things with data	We do 1-2 of these things with data	We do 3-4 of these things with data	We do all of these things with data		

Notes:

2.3.3 Synthesis of Discovery Findings

Organization includes specific elements when preparing a summary of the Discovery process

Q: When summarizing and synthesizing findings and insights from the Discovery process, which key elements does your written summary include?

Response guidelines

Synthesis describes insights gained about:

1. Possible objectives derived from insights generated and stakeholder needs
2. Potential audience/stakeholder segments
3. Possible approaches and positioning relative to other existing programs described
4. Possible channels/delivery/engagement mechanisms or specific stakeholder groups
5. Potential structural and communication interventions needed
6. Possible implementation timeline
7. Possible approaches to monitoring and evaluation, perhaps with relevant indicators
8. Preliminary plans for dissemination of SBC findings

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not include any of the key elements.	We include 1-4 of the key elements but cannot clearly describe them.	We include 5-6 of the key elements and can clearly describe them.	We include 7-8 of the key elements and can clearly describe them.		

Notes:

3.1.1 Design Process (Ideation & prototyping)

Organization follows specific steps for development of prototypes

Q: When designing prototype solutions, which key steps does your organization follow?

Response guidelines

A prototype is a rough idea or concept for a solution; it can be the outline of a process, a message concept, a model of a product or other solutions to the design challenge. Steps include:

1. Conduct inventory of existing materials/solutions, reflecting on results of discovery process.
2. Host a participatory process that facilitates agreement on design approach.
3. Develop creative options through an iterative ideational process.
4. Create prototype concepts/materials/solutions for stakeholder pretesting.
5. Test concepts/materials/solutions with stakeholders and key decision-makers.
6. Share results of prototype testing with the creative team and stakeholders.
7. Revise/reject prototypes based on feedback.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not use any of the key steps	We use 1-3 of the key steps but cannot clearly articulate them	We use 4-5 of the key steps and can clearly articulate them	We use 6-7 of the key steps and can clearly articulate them		

Notes:

3.1.2 Design Process (stakeholders engaged)

Organization involves community partners and stakeholders in prototyping process

Q: How does your organization engage with partners when designing prototype solutions?

Response guidelines

Consider how involved all stakeholders are in the development of prototype solutions.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not have formal prototype development process	Prototype solutions are designed based on institutional/ internal understanding of local priorities and processes	Prototype solutions are designed with some of the key stakeholders based on informal conversations and meetings	Prototype solutions are designed together with a group of program partners, decision-makers, stakeholders, and technical experts. All stakeholders participate in prototyping		

3.1.3 Design Process (prototype prioritization)

Organization prioritizes prototypes based on audience/sub-audience preferences, feasibility, and viability

Q: *What process does your organization use to prioritize prototype solutions?*

Response guidelines

Consider how the “best” prototypes are identified to take forward into piloting. The best prototypes are those that are desirable among users, technically feasible and economically viable.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not identify prototypes by audience	We identify one prototype for all audiences without differentiating preference, feasibility, & viability	We identify prototypes for each sub-audience based on what we think will be preferred, feasible, and viable for each audience	We identify appropriate prototypes for each sub-audience based on input from the audiences themselves about preference, feasibility and viability		

3.2 Complementary engagement mechanisms

Strategy uses engagement mechanisms in a complementary way

Q: *When designing an intervention, how does your organization use multiple ways to reach and engage with stakeholders?*

Response guidelines

Consider how engagement options (e.g., media, ICT, community mobilization, interpersonal communication) are identified and used in your program. Not all channels reach all stakeholder groups. Use of multiple engagement approaches can help reinforce program effects.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not use more than one mechanism/ approach to engage with stakeholders	We use more than one mechanism/ approach but they work independently and are not coordinated.	We use more than one mechanism/ approach but they are not always coordinated.	We achieve scale through coordination of mechanisms/ approaches to optimize reach, engagement, and program impact among multiple stakeholder groups.		

3.3 Implementation planning

Organization bases intervention plans on a previously-defined (written) strategy

Q: How are SBC interventions planned and implemented within your organization?

Response guidelines

Consider how systematically your organization plans for implementation activities.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not have predetermined implementation plans; activities are decided on short notice or in reaction to external demands.	We develop a rough implementation plan for some activities in order to meet funding or political considerations.	We develop an implementation plan for all activities, but the individual plans do not always link to the SBC strategy.	We develop an implementation plan for all activities and the plans link to a larger strategic plan. The plans are reviewed and adjusted on a routine basis.		

Notes:

3.4 Budgeting

Organization sets SBC intervention budgets based on actual costs

Q: When designing an intervention, how does your organization develop a budget?

Response guidelines

Consider the process you follow when developing a project budget.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not develop a budget.	We do not develop a budget prior to the start of the intervention but keep track of costs along the way.	We develop a budget based on assumed costs but do not always keep track of costs along the way.	We develop a realistic budget based on previous experience and periodically adjust it based on actual costs.		

Notes:

4.1 Mobilization & coordination

Organization follows specific steps to mobilize and coordinate with partners

Q: When implementing your interventions, which steps does your organization follow when working with partner organizations?

Response guidelines

1. Make sure each partner understands their role.
2. Identify a program lead whose responsibility is to facilitate the process.
3. Identify partner needs and conduct trainings as necessary.
4. Keep partners updated.
5. Share credit for good work.
6. Monitor activities.
7. Prepare for future evaluation activities.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not use any of the key steps.	We use 1-3 of the key steps but cannot clearly describe them.	We use 4-5 of the key steps and can clearly describe them.	We use 6-7 of the key steps and can clearly describe them.		

Notes:

4.2 Monitoring

Organization has a system for monitoring implementation of prototypes in real world settings and providing progress reports on implementation

Q: Does the organization have and implement a process for monitoring implementation and using monitoring information for internal and external program review?

Response guidelines

Consider how your organization tracks the implementation process and progress toward program objectives. Internal review means using monitoring data to track and revise activities. External review means using monitoring data to compare program progress against external standards.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
The organization does not have a program monitoring mechanism in place or perform internal or external program reviews.	The organization does not have formal program monitoring mechanisms in place, but does perform occasional internal and/or external reviews	The organization has internal and external program monitoring mechanisms in place, but findings are not used to make midcourse corrections or to inform subsequent program development and implementation	The organization has program monitoring mechanisms in place for both internal and external reviews, and findings are used to inform midcourse corrections and to improve new program development or implementation.		

Notes:

4.3 Training

Organization follows specific steps when planning and implementing training of staff and partners

Q: If your organization trains its own staff and others, which key elements of training does your organization use?

Response guidelines

1. Establish training session objectives that are SMART.
2. Include relevant stakeholders.
3. Use a participatory process.
4. Use adult learning methodologies.
5. Evaluate the training (for example, using Kirkpatrick's four levels of evaluation - reaction , learning, behavior and results).

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not use any of the key elements.	We use 1-2 of the key elements but cannot clearly describe them.	We use 3-4 of the key elements and can clearly describe them.	We use all 5 of the key elements and can clearly describe them.		

Notes:

4.4.1 Data utilization (use of key indicators)

Organization analyzes data about key indicators to inform programmatic decisions

Q: How does your organization use indicator data?

Response guidelines

1. Key indicators are developed at the outset of the program and are linked to each strategic objective
2. Changes (or lack of changes) in key indicators are used to inform workplans.
3. Indicator data is used to set benchmarks and targets
4. Indicator data is used to assess progress toward benchmarks and targets.

Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not use indicator data to inform programmatic decisions.	We do 1 of these things with indicator data.	We do 2-3 of these things with indicator data.	We do all four of these things with indicator data.		

4.4.2 Data utilization (coordinated analysis)

Organization analyzes data about key indicators together with stakeholders and partners

Q: How does your organization engage with partners and stakeholders to review data and analyze results?

Response guidelines					
Consider how you involve other stakeholders and partners in analysis of program data.					
Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not review data and analyze results	We review data and analyze results based on internal/ institutional understanding of the program	We review data and analyze results with some of the key stakeholders based on informal conversations and meetings.	We review data and analyze results with a group of program partners, decision-makers, stakeholders, and technical experts. All stakeholders are involved.		

Notes:

4.5 Scaling up

Organization has a strategy for scaling up use of piloted prototypes

Q: How does your organization plan for scale up after an initial pilot testing phase?

Response guidelines					
Consider how you make plans to scale up an intervention after prototypes have been pilot tested in real world settings.					
<ol style="list-style-type: none"> Partners and new locations are consulted about & involved in scale-up planning. Human resources are allocated based on data from the pilot test phase. A budget is developed based on real unit costs from the pilot test phase. Targets are set based on data from the pilot test phase. Responsibilities for implementation, monitoring and evaluation are assigned. 					
Level of Capacity				Consensus Score	Average Score
1	2	3	4		
We do not develop a scale up plan	We do 1-2 of the scale up tasks listed above.	We do 3-4 of the scale up tasks listed above.	We do all 5 of the scale up tasks listed above.		

Notes:

Appendix 5: Capacity Building Priorities

What are our capacity building priorities for the next two years?

Year 1	Year 2

What do we need internally to address these priorities in the next two years?

Year 1	Year 2

What support do we need from BA Guyana to address these priorities in the next two years?

Year 1	Year 2